New England Deaconess Hospital
Boston, Massachusetts

JULY 4 EXTRA

pulse

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# Independence from dependence: Deaconess declares smoking policy

## Smoking policy at NEDH

The New England Deaconess Hospital is committed to the promotion of health, which includes prevention as well as treatment of diseases.

Because smoking related illnesses comprise the largest proportion of preventable diseases, this hospital is taking an active role in the prevention of this massive waste of human resources.

The Deaconess strongly discourages tobacco use. No tobacco is sold in the hospital. Smoking is restricted to limited, specifically defined areas.

There is no smoking for patients unless there is an order written in the book by the patient's physician. Staff members and employees may smoke only in two specifically designated areas, their own departmental lounges and a section of the cafeteria designated for smokers. The rest of the cafeteria is a no smoking area. Visitors may not smoke on patient floors but may smoke in one designated section of the main lobby.

Please help yourself and others. Do not smoke while in this health care institution.

Laurens MacLure, President
Richard E. Lee, Director

*Crush that cigarette!*

## President MacLure supports smoking policy

"As a former smoker who knows how hard it is to cut down or stop, I support the policy which has been presented by the smoking policy committee and subsequently approved by both administration and the Medical Administrative Board.

"It is appropriate that we as employees of a major health care insitiution become leaders in helping to stop the tremendous and unnecessary amount of suffering and death caused by the use of tobacco.

"I encourage each of you to join me in supporting this active prevention of disease."

Laurens MacLure, President

## Smoking is more than a bad habit

Each year 300,000 Americans die prematurely from the effects of smoking, according to statistics of the American Lung Association. Millions more live on with crippled lungs and overstrained hearts. Cigarette smoking is a major cause of emphysema, chronic bronchitis, lung cancer, and heart disease.

Death rates are higher for both male and female cigarette smokers than for nonsmokers for every age after 35. For example, men between 45 and 54 who smoke have a death rate three times higher than those who do not smoke.

The more a person smokes, the greater the risk compared to the nonsmoker. Both the average smoker (a-pack-a-day) and the light smoker (half-a-pack) are affected, but the two-pack-a-day smoker has more than twice the chance of dying of heart disease and 20 times the chance of dying of lung cancer.

Just one cigarette speeds up heartbeat, increases blood pressure, alters the flow of blood and air in lungs, and causes a drop in the skin temperature of extremities.

Cigarette smoke slows down the action of the cilia inside the bronchial tubes of the lungs. These tiny, rhythmically moving hairs protect the lungs by sweeping out germs, mucus, and dust. Smoke paralyzes the cilia, which allows your lungs to be exposed to infection. That is why smokers are prone to more disability and illness.

In addition to irritating breathing tubes and lungs, inhaling the hot smoke of a cigarette also damages the mouth and throat.

Your lungs retain 85 to 99 percent of the compounds inhaled in cigarette smoke. The most harmful compounds are nicotine, tar, and carbon monoxide. Nicotine makes your blood vessels constrict, which means the heart must pump harder for blood and oxygen to go throughout the body. Tar, the particulate matter found in smoke, collects in the lungs to form a brown, sticky mass containing chemicals that help cause lung cancer. Carbon monoxide drives oxygen out of red blood cells, robbing the body of oxygen.

While cigarette smokers tend to have higher death rates than nonsmokers, 80 percent of the deaths associated with this habit are caused by three major disease types: lung cancer; emphysema and chronic bronchitis; and coronary heart disease and other diseases of the vascular system.

Cigarette smoking is the major cause of lung cancer: 95 percent of all primary lung cancer cases occur in people who smoke cigarettes. Over 80,000 American men and women per year die of this disease.

Laboratory studies have isolated a number of carcinogens from tobacco smoke. Aided by smoke-caused paralysis of the cilia, carcinogens and other compounds from cigarette smoke are allowed to accumulate on the lining of the bronchial tubes, where most cases of lung cancer originate.

The risk of developing lung cancer increases with the length of time a person has smoked, the number of cigarettes per day, depth of inhalation, and the level of the tar in the brand.

In addition to playing a major role in causing chronic bronchitis and pulmonary emphysema, cigarette smoke through this disease, cripples men and women, frequently forcing

*(Continued on next page)*

## Other hospitals ban smoking

The Deaconess is not the only hospital to have a smoking policy. Policies in other hospitals vary widely. Peter Bent Brigham, for example, allows smoking completely and has no formal restrictions, yet the New England Memorial in Stoneham prohibits its employees from smoking anywhere in the hospital. Patients may smoke, but only in designated rooms on each floor. Most policies have restrictions that lie somewhere in between.

As an example of the variety of policies, Cambridge City and the Mount Auburn come under Cambridge city ordinance banning smoking in public areas, but allow smoking in waiting areas, patient lounges, and parts of the cafeteria.

Other hospitals set boundaries for smokers and nonsmokers. Areas are sectioned at Massachusetts Eye and Ear, Children's Hospital Medical Center, Beth Israel, and Massachusetts General Hospitals. Children's and Faulkner Hospital allow employees to smoke in all of the cafeteria. Visitors at Beth Israel and Newton-Wellesley Hospital are asked not to smoke, and employees may smoke in designated areas only.

Many of the hospitals allow only non-ambulatory patients to smoke in their rooms, with the approval of a physician. At some hospitals, an ambulatory person must be in the room while the patient is smoking.

No hospital permits smoking in sensitive areas, such as respiratory therapy, operating and recovery rooms, laboratories, food preparation and serving areas, or areas where oxygen or other flammable agents are stored or in use. There is no smoking in elevators or corridors.

The various policies demonstrate that all hospitals are concerned about the smoking of cigarettes because of the health consequences. We hope the New England Deaconess Hospital will be a leader, through your efforts, in the campaign to improve the nation's health.

JUN 2 0 1977

# Employees speak up for independence

July 4 is independence from dependence day at New England Deaconess Hospital. That day is when the new smoking policy goes into effect. How do employees feel about smoking restrictions? The PULSE asked a few questions, and received the following answers.

"I haven't smoked in 15 years. I believe that there should be a no smoking policy because it's hazardous to your health." Nonsmoker John Teahan, building services.

"I think it sounds good, but it really doesn't matter to me. I'm not offended if someone asks me not to smoke. I smoke less than a pack a day." Smoker Bill Brown, film librarian.

"I think it's great. I used to smoke but I stopped three years ago, and now it (smoke) really bothers me." Nonsmoker Paul Sears, chief film librarian.

"I'm in favor of it because I don't smoke. Smoke bothers me if the smoker is too close. I can understand why visitors in the lobby may want to smoke because they're under a lot of strain." Nonsmoker Linda Murray, chief receptionist.

"I don't mind. They can smoke all they want and it doesn't bother me. You know what bothers me? The big dish of doughnuts in the window of the coffeeshop." Nonsmoker Anne Sidell, receptionist.

"It's common courtesy. We don't smoke when the patient is in our office. It doesn't look good. We're the first persons the patients see. I try and make the patient's visit in my office as pleasant as possible. I take a lot of pride in my work. That's the way I feel about it and I'm sure everyone in the department agrees with me." Smoker Carol Phillips, patient service.

"I'm greatly in favor of a smoking policy. I haven't smoked during working hours in 15 years. After supper I have my first cigarette. I'm a smoker and people smoking at my table bother me at lunch. I'd like to see all the ashtrays taken out of the cafeteria." Smoker Sante Breda, unit manager.

"I wouldn't object to a smoking policy. If someone didn't want me to smoke, I just wouldn't smoke. I don't feel that strongly about it." Smoker Helen Smith, head nurse, Palmer 3.

"There's no smoking in the Meissner Laboratory except on the second floor in the smoking lounge. I'm a nonsmoker and I'm allergic to smoke. I don't usually have a problem because the people I eat lunch with don't smoke." Nonsmoker Andrea Chan, MT (ASCP), medical technologist.

"I think the smoking policy is a fantastic idea. This is the only way to solve the problem of the environmental hazard of smoking. If the government had the inspiration of the Deaconess smoking policy committee, we could now cure lung cancer by prevention." Converted Nonsmoker Dr. Jacob J. Lokich, oncologist.

"I think no smoking is a good idea, period." Nonsmoker Willie Bentley, material handler.

# Bad habit . . .

*(Continued from page 1)*

them to retire during their most productive years.

More Americans die from heart disease than from any other disease. High blood pressure, high blood cholesterol, and cigarette smoking are major risk factors in the development of coronary heart disease. Smoking accelerates the damage already present from heart disease and contributes to higher rates of illness and sudden death.

Nicotine increases the heart's demand for oxygen and other nutrients. Carbon monoxide decreases the ability of the blood to supply needed oxygen.

The death rate from coronary artery disease is 70 percent higher for male smokers than for male nonsmokers. Women between the ages of 45 and 54 who are heavy smokers have death rates twice those of female nonsmokers.

Smoking is a double hazard for women who are pregnant. The smoke in the mother's bloodstream affects the heart rate, blood pressure, oxygen supply, and acid balance of the unborn child. There is significant evidence that smoking mothers have more stillbirths, spontaneous abortions, and low-weight babies than do nonsmoking mothers.

Smoking affects the nonsmoker, too, by polluting the air in enclosed places. Inhaling second-hand smoke makes the heart beat faster and increases the blood pressure and level of carbon monoxide in the blood. Smoke from an idling cigarette contains even more tar and nicotine than an inhaled one. A nonsmoker is forced to inhale smoke from the burning end of the cigarette as well as from smoke exhaled by the smoker. Lung illness is twice as common in young children with smoking parents than those who have nonsmoking parents.

The U.S. Surgeon General has said, "Nonsmokers have as much right to clean air and wholesome air as smokers have to their so-called right to smoke, which I would redefine as a so-called right to pollute. It is high time to ban smoking form all confined public places such as restaurants, theaters, airplanes, trains, and buses. It is time that we interpret the Bill of Rights for the nonsmoker as well as the smoker."

## Mass. law bans smoking in public places

Chapter 465. An act regulating smoking in certain public places. Be it enacted, etc., as follows:

Chapter 270 of the General Laws is hereby amended by inserting after section 20 the following section:

Section 21. No person shall smoke or have in his possession any lighted cigar, cigarette or other tobacco product in a public elevator, supermarket or single vehicle mass transit conveyance operated by the Massachusetts Bay Transportation Authority, other than personal offices. Smoking of any tobacco product or having in one's possession any lighted cigar, cigarette or other tobacco product shall be restricted to specifically designated areas only, if any, in museums, libraries, hospitals, nursing homes, trains, airplanes and other mass transit conveyances. The owner, manager, or other person in charge of said facilities, buildings, or vehicles shall post conspicuously an appropriate number of signs indicating those areas in which smoking or the possession of lighted cigarettes, cigars or other tobacco products is prohibited.

Any agency or agent of the commonwealth or any of its political subdivisions, who, upon inspection of any such facilities, buildings, or vehicles for purposes of enforcing any other state or local rule, ordinance, or regulation, finds that an appropriate number of signs are not so posted, shall enforce said posting requirement.

Approved July 11, 1975

# Would you like to quit?

You may want to reduce the number of cigarettes you smoke, or quit altogether. Once you have made up your mind to stop smoking, the actual quitting may be difficult but not impossible. Thirty million men and women have been able to stop smoking, and you can do it, too.

If you decide to quit, the American Cancer Society offers the following suggestions that might make it easier.

1. List the reasons for and against smoking.

2. Change to a low tar, low nicotine brand.

3. Chart your smoking habits for two weeks: how many cigarettes, when, which is the most and least important, and why.

4. Each night repeat at least ten times one of your reasons for not smoking.

5. Eliminate one cigarette from your routine: the most or the least desired, for example, the cigarette you have with morning coffee, after a meal.

6. Select a day to stop smoking.

7. Quit on the day you select. Keep busy: go to the movies, exercise. Use substitutes: sip water, chew gum, eat raisins or carrots. Alert friends that you might need support. Don't give up if you do have a lapse.

Good Luck!

New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

**pulse**

The New England Deaconess Hospital is a 489-bed and 16-building complex. Physicians from the Joslin Clinic, the Lahey Clinic, Overholt Thoracic Clinic and the independent medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine, and is affiliated with Harvard Medical School.

PULSE is published monthly by the public relations department of the New England Deaconess Hospital.

LAURENS MACLURE
*President*
RICHARD E. LEE
*Director*
M. ELEANOR CLAPP
*Public Relations Director*
DIANE WIFFIN
*Public Relations Assistant*
LAUREL WALSH
*Secretary*

New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

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